Attach a clear, full-face passportstyle photograph (2"x 2") of your head and shoulders, taken within the past six months.

Only vocational students are required to submit a photo.

Use a staple to attach the photo.

Check all that apply:



## New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey State Board of Cosmetology and Hairstyling
124 Halsey Street, 6th Floor, P.O. Box 45003

Newark, New Jersey 07101

(973) 504-6400

## **Application for a Student Permit Transfer or Reregistration Students Only**

(Note: Vocational students must provide a copy of their birth certificate.)

☐ Manicuring

**Barbering** 

**☐** Beauty Culture

**Cosmetology & Hairstyling** 

**Skin Care Specialty** 

			• /	O	,		
				Dat	e:		
mu che	ust be submitt	ed with this applicat check is returned b	ee of \$5.00, in the form of a ion (applicants should under y the bank due to insufficion	stand that if the applic	ation filing fee	e is paid with	a personal
oth of you	nsent. Howevener requests ( record, we wi ur place of re	er, you are required to by putting a check it Il assume that you has sidence, you should	m disclosing to the public the provide an address that man the appropriate box). If yeave consented to have that address of recomust include a street, city, st	y be released to the purou provide your placed dress be disclosed. If yord other than your placed by the placed by	blic in our dire e of residence you do not cor	ectories or in r as your publ sent to the di	esponse to ic address sclosure of
	formation that to (OPRA).	you provide on this	application may be subject	to public disclosure as	required by the	ne Open Publ	ic Records
Plea	ase print clearly.	You must answer all of th	e questions on this application.				
Pe	ersonal In	formation		Date	of birth:	Month Day	Year
				Place	of birth:	City State	Country
1.		Mrs	First	Middle initia	(	Maiden name	)
		Ms. Last name	First name	Middle initia	I	Maiden name	
2.	Address						
	☐ Home:	Street address	City	State	ZIP code	County	
		Telephone number	(include area code)		E	-mail address	
	□ Mailing	:					
		Street or P.O. Box	City	State	ZIP code	County	

3.	3. Social Security Number	
	You <u>must</u> provide your Social Security number to the Board or Committee. Failure to do so may result in denial/r licensure or certification.	onrenewal of
	*Social Security Number:	
	*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Commobligated to provide your Social Security number to:	the Board or
	a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose compliance with State tax law and updating and correcting tax records; and	of reviewing
	b. the Probation Division or any other agency responsible for child support enforcement, upon request.	
1.	4. Citizenship / Immigration Status	
	Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qu To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the Citizenship and Immigration Services (USCIS).	If you are not
	<ul> <li>U.S. citizen</li> <li>Alien lawfully admitted for permanent residence in U.S.</li> <li>Other immigration status</li> </ul>	
	Questions about your immigration status and whether or not it is a qualifying status under federal law should be d USCIS at: 1-800-375-5283.	rected to the
Ed	Education and Training	
1.	1. What is the name and address of the grammar (middle) school you attended?	
	Street address City State ZIP cod	e
2.	2. What is the name and address of the high school you attended?	
	Name of high school	
	Street address City State ZIP cod	e
3.	3. How many years of high school have you completed?	
1.	4. Have you graduated from high school? ☐ Yes ☐ No	
	If "No," did you study to receive a G.E.D. certificate? $\Box$ Yes $\Box$ No	
	If "Yes," please provide the name and address of the educational institution that issued your G.E.D. cert the date the certificate was issued.	ificate and
	Name of educational institution	
	Street address City State ZIP of	ode

Date certificate was issued

		Name of ed	ucational institution					
	Street address		City	State	ZIP code			
* To * To *	obtain a student permit to pra obtain a student permit to pra	actice beauty culture actice barbering, you actice skin care spec	e, you <i>must</i> complete a <i>must</i> complete 450 ialty, you <i>must</i> compl	550 hours of training hours of training. lete 300 hours of train				
Have yo	ou previously had training as	a barber, beautician	, skin care specialist,	manicurist or as a co	smetologist/hairstyli Yes 🗌 No			
If "Yes,"	"Yes," provide the name and address of the school, the dates you attended, and the number of hours you completed the							
		Nan	ne of school					
	Street address		City	State	ZIP code			
Dates a	ttended: From	To		No. hours complete	ed			
	hours of instruction.							
		Nan	ne of school					
	Street address		City	State	ZIP code			
	School administrator (please	print)		Signature of school adminis	trator			
		Certificatio	n of Applicant					
mit and I Laccurat	certify that I am of good mo understand that I must meet the e and are made for the purpo t permit.	hose requirements. I	further affirm that all	statements made by r	ne on this form are t			
Date: _	Month Day	,20		Signature of ap	plicant			
tnessed k	py:							



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## **Physician's Certificate**

		First name	Middle init	ial	Last name
nose address is					
	Street address		City	State	ZIP code
	Date	and found this pers	son to be free fr	om any evidence of	infectious, contagiou
		sonably be expected to l kin care specialty or ma			rendering cosmetolog
		Physician's name			
		Physician's name		Please print clearly	
Date		,			

Form must be submitted within 3 months of physician's signature date.